



Community Mental Health for Central Michigan

**Michigan Department of Community Mental Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report**

Report Period 1-1-06 to 3-30-06

PIHP Community Mental Health for Central Michigan

Program Title Family Psychoeducation

Executive Director Linda Kaufmann

Address 301 S. Crapo St. Mt. Pleasant MI 48858

Contact Person Kim Boulrier or Linda Kaufmann

Phone 989-772-5938

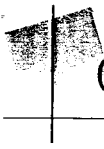
PCA# 20702

Contract # 20061238

Federal ID 38-3599944

- A. System Transformation efforts and implementation activities of the Improving Practices Leadership Team (IPLT) in this quarter have consisted of the following. The Administrative Practice Guideline providing directions about treatments and supports to consumers was developed. Within this guideline CMHCM shall adopt evidence-based practice, maintain fidelity to the best practice, and make itself open to treatment guidelines that are developed in the professional community. The IPLT will review practices assuring they are consistent with available research findings, and are standards of practice issued by professionally recognized agencies. All practices will be made with the needs of consumers in mind. After review the IPLT will make a recommendation to adopt a practice. This will go through the process of approval including management, leadership, and the Medical Director prior to being adopted for practice at CMHCM. Improved practices will be continuously monitored. In addition, this quarter, the IPLT continued to monitor the progress of PMTO, Treatment of Co-Occurring disorders and Family Psychoeducation. Implementation barriers are discussed at IPLT meetings and suggestions formulated.
- B. The Systems Change process and the impact of the Evidence Based Practice have continued to develop. Evidence-Based Practice (EBP) is becoming increasingly more prevalent in the day-to-day practice of clinicians, committees, and administration. Family Psychoeducation and other EBP models are becoming more understood by clinicians, consumers and the community. Even the term Evidence Based is not understood by community committees and agencies, so CMHCM staff and IPLT members are doing explanations regularly.





Community Mental Health for Central Michigan

- C. Consensus building and collaborative service efforts with other systems and agencies began the 4th quarter last year and continued to take place the 1st and 2nd quarter of this fiscal year. Thus far, there have not been formal collaborative service efforts outside the CMHCM agency. Consensus building has continued with discussions by parent participants with family support groups. Presentations and discussions about FPE continue in the six county areas at staff meetings, community functions, and at committee meetings. Impressions and community feedback is being obtained and reviewed.
- D. Progress toward achieving outcomes of Family Psychoeducation continued, but slightly behind schedule in some areas. More time than anticipated has went into consumer and family selection for participation. We are finding that just because the FPE staff are excited about FPE doesn't mean that all staff, or consumers, want to refer to or participate. Evaluation at an IPLT meeting, with several counties represented, revealed that more consensus building and education is needed for our own CMHCM staff. Therefore, more discussion will be done at staff meetings by the coordinator and local FPE staff. As more staff are trained in FPE and more consumers and family involved, success will spread.

Four of six counties started the joining process with consumers and families and are working toward enough to hold the workshop and begin Multi-family groups. The two smallest counties started joining with some consumers and families, but may opt to do single Family Psychoeducation, or merge with neighboring counties. One county has set a date for the FPE workshop and will be ready for Multi-family groups right after.

Plans for continuous feedback are on hold until the future when groups are underway in more counties. Until then, current participants are obtaining feedback.

- E. Staff training and technical assistance continued throughout the 2nd quarter. The CMHCM learning collaborative continued to meet on a monthly basis. Meetings address barriers to implementation, progress, training needs, and administrative issues. Future trainees for the June Training are being identified. Tom Jewell, our national supervisor, has joined the learning collaborative for two months via phone conference. He has answered questions and given suggestions, which has been extremely helpful. Mary Ruffolo from the University of Michigan has been helpful with consultations on fidelity.
- F. During this quarter challenges and issues with implementation were in the area of getting enough consumers and families to begin a group in most of the counties. The other issue identified was a need to train more staff whose caseload has many people with schizophrenia. We will select people to attend the June training who meet this criteria.





Community Mental Health for Central Michigan

In keeping with the fidelity of the model, which is the FPE consumers' therapist/caseworker be a co-facilitator, we have had some problems. It is hoped after more CMHCM staff are trained at the June Training, this problem will decrease.

Another challenge is finding extra time, in addition to all other duties, to do Family Psychoeducation. Different ways to decrease caseload size during the first year of implementation is being looked at. CMHCM is re-evaluating the tool used to determine an appropriate caseload size.

- G. Data collection methods continued to progress this quarter. Family Psychoeducation codes began to be clarified. After reviewing the data from the CMHCM system, compared to what is reported by staff at the learning collaborative, we have more work to do. There is more joining with consumers and families verbally reported at the meeting than was actually coded. It became apparent that staff are reluctant to code joining unless the person is fully committed to proceed with the multi-family group. This will be clarified at the CMHCM learning collaborative meetings. Data for the University of Michigan Fidelity study is being collected. This too will be reviewed repeatedly at the CMHCM learning collaborative to ensure consistency.
- H. Isabella, Midland, Clare and Gladwin Counties reported consumer activity during the second quarter. Ten consumers (7-Isabella, 1-Midland, 1-Clare and 1-Gladwin) were served with a total of thirty-seven joining sessions held. This is the first quarter of reportable activity by code.
- I. CMHCM has committed staff resources as well as supplies and materials to support for FPE. The coordinator devotes at least 30% time to FPE. Direct staff devotes 5-10% to FPE, with support/clerical staff duties assigned as needed. Additional travel around the board area as well as training was not included in the grant and is being absorbed by CMHCM. The board and administration have been extremely supportive and have allocated what is needed above and beyond the grant, both in staff time and financial support. At this time the allocated resources are adequate and FPE is being implemented according to plan, so there is no amendment needed.
- J. The third quarter will work on getting more formal activity in all of the counties. Isabella will progress to hold the workshop and begin Multi-family groups. At least one other county will work toward this, with the other four progressing toward formal joining sessions. A process for feedback from the community will be pursued. There is a support group for consumers and families in Isabella County, but not enough regular membership or interest to pursue NAMI status yet. Midland County has an active NAMI group. Work to develop a support group in one of the CMHCM western counties will be started.



Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report Form
FY 2005-2006

Report Period: January 1, 2006 through March 31, 2006
PIHP: Detroit-Wayne County Community Mental Health Agency
Program Title: Family Psychoeducation Project
Executive Director: Richard Visingardi, Ph.D., Transitional Executive Director
Address: 640 Temple, Detroit, MI 48201
Contact Person: Michele Reid, M.D.
Phone: 313/833-2410 Fax: 313/833-2156 E-mail: mreid@co.wayne.mi.us
PCA # Contract # 20061239 Federal ID 38-6004895

A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Improving Practices Leadership Team held its first meeting on March 21, 2006. Topics discussed included system transformation and an overview of the improvement process and current efforts. The quality management program structure was reviewed. Regularly scheduled meetings will be held on the 4th Friday of each month from 1:30-3:30 p.m.

B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

The FPE project coordinator held multiple meetings with administrators and clinical supervisors within the provider organizations to continue the consensus building, sustain interest and commitment and to address two major implementation issues. First, the issue of determining costs, negotiating reimbursement and use of codes with the MCPNs took effort and special attention. Guidance on non-clinical and clinical time/cost estimates was provided to each organization's administration. Information provided by Jeff Capobianco and the FPE Subcommittee assisted this effort. The administrators then initiated successful negotiations with the MCPNs. Because the costing captured indirect costs for the program, the staff at Community Care Services was able to arrange 4.5 hours per week for implementation activities. The clinical supervisor created an "internal billing code" for the Service Activity Log (SAL) so that FPE activities are included in required productivity numbers. This administrative support has been essential in providing the necessary structure and time for implementation of the program. Further, it provides some assistance with the intense pressure from workload issues. Excessively high caseloads and understaffing represent a major barrier to system transformation and implementation of evidence base practice. The project coordinator is working with the

Deputy Director of Detroit Central City CMH on this major implementation issue and discussing ways to arrange the same administrative supports that have been developed at CCS.

The FPE program has had an impact on the overall clinical perspective of the participating practitioners by broadening the assessment and intervention frame for all consumers to include family, social networks and complimentary recovery programs.

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

Consensus building with provider administration and clinical staff has continued this quarter with emphasis on implementing administrative support for non-clinical implementation activities. The project coordinator attends monthly meetings with Detroit Central City's Advisory Board which includes all consumer and peer lead groups. On January 9, 2006 a meeting with community stakeholders was held at Community Care Services. Representatives from the Advisory Board, NAMI and WRAP attended and were highly enthusiastic about the FPE program. A follow-up meeting is being scheduled for early May and regularly scheduled meetings will be arranged thereafter. On January 30, a clinical supervisor and point person for FPE at Community Care Services joined the project coordinator in a presentation on FPE at the educational forum on "Improving Practices and Block Grant Transformation in Community Mental Health". In late February, in-service presentations on Family Psychoeducation and multi-family groups were provided for the clinical staff at Detroit Central City and Community Care Services. An in-service to the CCS staff in Belleville, Michigan will be held on April 12, 2006.

D. Briefly describe the progress toward achieving each of the FPE outcomes planned for this quarter.

1. The program coordinator attended the Community Planning Council meetings in February and March, 2006 and participated as a group facilitator in group visioning exercises for council members. Written material on the FPE model is being developed for a CPC data resource book.
2. Ongoing consultation and education is being provided to all practitioners. For the three new practitioners recruited at CCS, the coordinator has been providing 2-3 hour consultation and support on a weekly basis and has scheduled an in-service with Jeff Capobianco and Liz Dorda for further education and training. These practitioners will attend the McFarlane training in June. FPE facilitators have received the toolkit workbook and templates for a logic model of the FPE program.
3. Drafts of a work flow chart and implementation plan are being revised as issues arise. Weekly implementation meetings are held with group facilitators at each provider organization.

4. All fidelity and outcome measures have been reviewed with supervisors and practitioners, and will be implemented in the joining phase.
5. The project coordinator from WSU Project CARE attends the FPE Subcommittee meetings and regularly consults with Jeff Capobianco and Liz Dorda. A clinical supervisor and two practitioners have attended the Learning Collaborative with the project coordinator.
6. Training plans are being developed with the pilot program supervisor, Jeff Capobianco and will be coordinated with a roll out plan for Detroit-Wayne County CMH Agency. The coordinator has designed a presentation for staff in-service trainings and has put together implementation notebooks for planning and continued training. Practitioners have viewed the toolkit DVD of a multi-family group session and the educational tape prepared by Dr. McFarlane.
7. The project coordinator and group facilitators are meeting with consumer advisory groups at both sites.
8. The project coordinator attended the first Improving Practices Leadership Team meeting held March 24, 2006.
9. A total of 22 families have been identified for recruitment and joining at Community Care Services in Lincoln Park and Taylor offices. The joining will begin in late April and early May. Arrangements for transportation and food have been completed.
10. There have been continued efforts at identification and recruitment of consumers and families for the Detroit Central City pilot site. Work with the intake practitioner and access department has focused on identification of consumers and families who would benefit from the FPE program. Both practitioners who are participating in the pilot seem enthusiastic about the program but unable to move forward with the project due to workload issues.
11. Financial and billing issues have been addressed and no longer represent a barrier for implementation. Costing was effectively negotiated with the MCPNs. At Community Care Services, internal codes for use on the SALs of each practitioner have been provided to cover time commitments for indirect clinical/implementation activities.
12. The project coordinator developed brochures and handouts for the FPE program at each pilot site.

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services.

The project coordinator meets weekly with the pilot sites to provide ongoing consultation and educational support for the practitioners. Additional literature and a simplified power point presentation have been reviewed with the supervisors and practitioners. Literature on family genograms and supervision on using this tool has been provided at each pilot site. A binder with important documents for evaluation, specific training material, FPE assessment and referral questions for access workers,

and work plan flow charts have been provided to each participating facilitator. Ongoing supervision from Jeff Capobianco and Liz Dorda has been provided. Additional staff is being identified to attend the three-day training with Dr. McFarlane in June, and consideration is being given to promotion of a three-day training in the fall of 2006 for multiple provider organizations in Wayne County.

- F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

Provider organizations participating in the pilot implementation of FPE faced financial barriers which were resolved through effective negotiation with the MCPNs. A lesson learned from this problem resolution is that financial barriers must be addressed first before beginning implementation activities.

The major implementation issue to emerge as a serious barrier is understaffing and excessively large caseloads. Clinicians are overwhelmed by this issue and unable to find time for educational and implementation activities. Through efforts with a clinical supervisor, Community Care Service administration gave approval for 4.5 hours, recorded in their service activity log, for weekly implementation work. This has provided some relief from the workload issue. However, at Detroit Central City, one practitioner has refused participation and another recently revealed that her caseload had grown to 150 with 20 newly assigned cases in one month. This makes any program development impossible and undermines the provision of good clinical work and innovation. It contributes to burnout. The project coordinator will continue to work with clinical supervisors and provider organization administrators to address this issue, and will consider ways to address this from a larger systems perspective.

- G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

Coordinator and facilitators have reviewed the data collection protocol and will begin collection and process monitoring when the program begins with the joining phase.

- H. Describe the target population/program served during this quarter.

Target population is currently being identified at Detroit Central City and will probably include consumers with dual diagnosis. Community Care Services will start two groups for consumers diagnosed with schizophrenia or schizoaffective disorder. A group for consumers diagnosed with bipolar illness is being considered in the CCS Belleville office.

- I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation /continuation with all the allocated resources?

All organizations have donated staff time for training and implementation meetings. Issues related to understaffing and excessive caseloads must be addressed to achieve program sustainability.

J. Describe the activities planned to address the project's goals and objectives the next quarter.

1. Continue to meet with the Improving Practices Leadership Team and the Community Planning Council on a monthly basis.
2. Continue to provide in-service training, consultation and support to practitioners at pilot sites.
3. Continue to meet with group facilitators on a weekly basis to plan program implementation
4. Meet with Advisory Councils and recovery groups on a monthly basis to continue consensus building and to develop inter-organizational collaboration.
5. Continue to attend the FPE subcommittee meetings.
6. Complete joining phase and conduct educational workshop for two groups at Community Care Services.
7. Develop training plans in collaboration with FPE subcommittee, Project CARE, and Detroit-Wayne Co. CMH.
8. Evaluate viability of FPE pilot for Detroit Central City.
9. Begin fidelity and outcome collection for implemented programs.
10. Evaluate consensus building and referral for McFarlane training for additional provider sites in Detroit-Wayne Co. CMH.

Signature: R. Michael Massanari MD, MS

Submitted by: R. Michael Massanari, MD, MS, Executive Director 4/17/06
Wayne State University Project CARE

D-WCCMHA ONLY

This report has been reviewed and approved by:

Melaine R. Thomas, D-WCCMHA Contract Manager, April 27, 2006

Name	Division	Date
------	----------	------

**Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report**

Report Period 1/1/06 - 3/31/05
 PIHP Genesee
 Program Title _____
 Executive Director Dan Russell
 Address 420 W Fifth Ave
 Contact Person _____
 Phone: _____ Fax _____ E-mail _____
 PCA# _____ Contract # _____ Federal ID _____

- A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team:
The IPLC committee has met four times, discussing the particulars of implementing FPE and will continue to oversee the efforts of the PIHP makes in implementation. The committee has discussed efforts the PIHP has made toward MST implementation, and in maintaining ACT model fidelity within the network, along with exploring the medication algorithm. The committee receives updates on COD IDD as we look to next year's implementation.
- B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change:
One 4 person FPE sub-group meets weekly to discuss the details of implementation on the program level. Another 4 person team meets regarding aspects of substance abuse treatment. EBP educational materials have been created and distributed to our Network.
- C. Briefly summarize consensus building and collaborative service efforts with the other systems and agencies that have taken place during this quarter:
An EBP Update is scheduled the third week of May for the GCCMH Board of Directors. An additional awareness-raising workshop with community stakeholders will occur this summer. The PIHP has uncovered no barriers to the process of implementing EBP during this quarter. Board members and community stakeholders continue to agree that implementation of EBP is a positive and critical step.
- D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter:
These mostly center on preparation to provide the groups themselves. "Advertising" the existence of the group to employees and clients. Development of a PowerPoint overview to assist that process. Putting together materials to assist in the joining process. Preparing a curriculum for the Saturday

educational group from distributed materials and the toolkits. Development of a brochure, a consent form, obtaining necessary equipment, RFP process for video-conferencing equipment, working out available organizational space, locating physician resources for client/family education.

- E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project:
Three CMHSP staff attended the learning collaborative session. PIHP and CMHSP staff have begun clinical supervision with Ed Owens.
- F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.
Since our decision to conduct initial groups within our directly-operated provider, we have encountered no barriers.
- G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.
Final versions of Data Collection and Process Monitoring activities received from Mary Ruffilo to be implemented in our test group.
- H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)
We have engaged in joining sessions with 9 families, of which, we have an anticipated 6-7 attending our FPE educational session Saturday May 20th. We are focusing on thought disorders for this group. Since we have developed a short list of interested individuals with mood disorders, we are considering providing another group in the future to assist those individuals as well.
- I. Describe PHIP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?
No amendment required
- J. Describe the activities planned to address the project's goals and objectives for the next quarter.
We are in the process of joining currently and will press forward with implementation. As stated above, we have discussed implementation of a group focused to assist those with moods disorders for next year. The Improving Practices Committee will continue to meet to resolve barriers to process. Stakeholder awareness will continue.

**Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report**

Report Period: 01-01-06 to 03-31-06
PIHP: Lakeshore Behavioral Health Alliance
Program Title: Family Psychoeducation
Executive Director: James Elwell
Address: 376 E. Apple Avenue, Muskegon, MI 49442
Contact Person: Glenn Eaton, Assistant Director
Phone: (231) 724-1106 FAX: (231) 724-1300
E-mail: eatong@cmhs.co.muskegon,mi.us
PCA# 20709 Contract # 20061244 Federal ID: 38-6006063

A. Briefly summarize the Systems transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Improving Practices Leadership Team (IPLT) continues to meet monthly and oversees the implementation of five Evidence Based Practices: Family Psychoeducation, Integrated Dual Disorders Treatment, Parent Management Training, Recovery/WRAP, and Jail Diversion. In addition, it reviews reports from IPLT members serving on the state-wide Recovery Council and DD Practice Improvement Team. IPLT leaders have attended the DCH conferences regarding systems transformation in February and March. In addition, representatives from the IPLT attended a pre-conference seminar on Process Benchmarking and intend to participate in the Process Benchmarking workgroup. The IPLT discussed the Federal and State vision for a transformed mental health system at its February and March meetings. Proposed values, principles, and practices of a transformed mental health system have been drafted. The recommended elements of systems transformation have been presented to the PIHP senior management team. Further presentations and consensus building will take place during the present quarter with the goal of adopting an affiliation vision for transforming the Lakeshore Behavioral Health Alliance.

B. Briefly describe the Systems Change process activities during this Quarter and the impact of this Evidence-Based Practice process on creating systems change.

- Case Managers' case loads have been adjusted to accommodate the time demands of Family Psychoeducation responsibilities.
- Clinical Services Supervisor from Muskegon County (Cynthia Hakes) has continued her duties as FPE Coordinator.

C. Briefly summarize consensus building and collaborative services efforts with other systems and agencies that have taken place during this Quarter.

- Clinical Supervisor has attended Learning Collaborative meeting 3/17/06 and FPE Subcommittee meetings in Lansing, as well as networking with personnel from other agencies that are implementing FPE. Ottawa County Supervisor has also attended the 3/17/06 Learning Collaborative meeting in Lansing. Both Muskegon and Ottawa counties receive regularly scheduled consultation, supervision and coaching with FPE consultants in the State of Maine. Cynthia Hakes from Muskegon, and Rick Hunter from Ottawa, consult regularly, regarding implementation issues.

D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this Quarter.

- Implementation teams held all-day FPE Educational Workshops - Ottawa County on February 18, 2006, and Muskegon County on March 25, 2006.
- Following the Educational Workshops, implementation teams began MFG sessions, and both teams continue moving forward. Ottawa County team currently has 4-5 families in FPE and Muskegon County team has 7 families involved in FPE.
- Implementation teams receive ongoing consultation, supervision and coaching. Rick Hunter and Cynthia Hakes attended Learning Collaborative Meeting on 3/17/06, in Lansing. Cynthia Hakes also attends the FPE Subcommittee Meetings at DCH.; Ongoing contact continues with assigned consultants in Maine. Ongoing contact continues between implementation leaders in Muskegon and Ottawa Counties, to ensure that Family Psychoeducation is similarly implemented.
- Educate PIHP Board members and Executive Directors. Educate and train Agency staff. Muskegon County has met with clinical supervisors, and has scheduled brief presentations with case manager teams, and has offered to give

presentations for NAMI. We will schedule presentations to Board members and other agency staff as MFGs advance.

- Develop and implement data collection, integration into local QI process and knowledge information system and analysis. We will continue to work with QI staff, Sue Savoie, Deb Fiedler, Cynthia Hakes, (Muskegon) Rick Hunter, and Greg Hoffman (Ottawa), to discuss outcome data collection. Cynthia Hakes and Rick Hunter have met with Mary Ruffalo, from the University of Michigan, who is involved in data collection for the FPE program. Cynthia has met further with Mary during the FPE subcommittee meetings in Lansing. The process of data collection, interpretation and analysis will be on-going.
- Lakeshore Behavioral Health services will report progress on a Quarterly basis. FPE Subcommittee will test initial fidelity and outcome measures. We continue to work with Mary Ruffalo from the University of Michigan (See above). The Improving Practices Leadership Team oversees implementation.

E. Briefly describe staff training and technical assistance obtained during this Quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

Training knowledge and skills, and assistance from conference trainers were utilized for implementation of FPE program. Current CMH staff for Muskegon County are Deborah Smith (ACT case manager), Valerie Vines (ACT case manager); and Cynthia Hakes, (Clinical Supervisor and FPE Coordinator). For Ottawa County, Rick Hunter, Supervisor; Bruce Jones, Cheryl Schut, and David Maranka (group facilitators). Additional staff will be trained in June 2006. The training dates have been identified as June 20-22, 2006. Training will likely be in the Southeastern part of Michigan.

F. Briefly identify any challenges or issues encountered in implementation during this Quarter, and the action taken to address them.

- Muskegon County was finally assigned a consultant during this Quarter.
- Muskegon case managers had initially experienced some difficulty recruiting consumers to participate in the FPE program. Efforts were made to resolve this issue, by moving ahead with only those FPE case management staff that had successfully identified consumers and were succeeding in promoting the FPE program through the joining process. This resulted in beginning one FPE group instead of two, as originally planned.
- At the end of this Quarter, no barriers or issues were noted for Muskegon or Ottawa counties, and the FPE program is moving along well.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

- Appropriate FPE paperwork has been forwarded to Dr. Mary Ruffalo at the University of Michigan. She will handle data entry and will monitor fidelity. We will continue to plan how data will be collected, interpreted and analyzed. Additionally, DVDs of Educational Workshops and MFGs have been sent to our consultants in Maine for review and feedback.

H. Describe the target population/program served during this Quarter. Include the number of unduplicated individuals this Quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

- This project focuses on persons diagnosed with Schizophrenia, and their family members and significant others. Additionally, a person diagnosed with Bipolar Disorder, who experiences symptomology similar to others will participate in the groups. 22 people attended the Educational Workshop and MFGs in Muskegon. In Ottawa, 15 people attended the Educational Workshop and MFGs. Of the total number of attendees served in the FPE groups, Muskegon served 7 consumers and Ottawa 4 consumers, during this Quarter.

I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

- A block grant was received for this project. There have not been any identified problems with implementation relative to allocated resources; no amendment is necessary at this time. It is anticipated that this project will be self-sustaining at the end of 2 years.

J. Describe the activities planned to address the project's goals and objectives for the next Quarter.

- Both Muskegon and Ottawa will continue with one MFG each, both groups meeting every other week.
- FPE staff meetings will continue on a regular basis for both teams.
- Supervision with the Maine consultants will occur at least once per month to identify opportunities for improvement, and consultants' recommendations will be implemented.

- Additional staff will be trained in June 2006, and planning will take place regarding the implementation of additional MFGs in the last quarter of the fiscal year.
- Data collection and analysis will continue.
- FPE implementation teams will incorporate feedback from Fidelity Reports and consultant, to ensure fidelity with the FPE model.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MENTAL HEALTH AND SUBSTANCE ABUSE ADMINISTRATION
IMPROVING PRACTICES INFRASTRUCTURE DEVELOPMENT BLOCK GRANT
FAMILY PSYCHOEDUCATION
PROGRAM NARRATIVE
QUARTERLY REPORT

Report Period: 01/1/2006 - 03/31/2006

PIHP: LifeWays

Program Title: Family Psychoeducation Training and Service Project

Executive Director: Nancy Miller

Address: 1200 North West Avenue, Jackson, MI 49202

Contact Person: Annette Friday and Vicky Petty

Phone: (517) 780-3353 Fax: (517) 789-1276

E-mail: Annette.Friday@lifewaysmco.com; vickypetty@email.uophx.edu

PCA#: 05B1CMHS-03 Contract #: 2006242 Federal ID: 38-2056235

A. SYSTEMS TRANSFORMATION EFFORTS & IMPLEMENTATION ACTIVITIES OF THE IMPROVING PRACTICES LEADERSHIP TEAM (IPLT):

The IPLT has been identified with the exception of representation by a parent of a child. During the second quarter, the focus of the IPLT has been on issuing the RFP, reviewing RFP's submitted and selecting two providers for the FPE project. Now that the IPLT has the FPE's providers selected, the group can begin to focus on structural planning related to the implementation of any evidence-based practices identified for network delivery. The Evidence-Based Practice Coordinator (Vicky Petty) is making attempts to recruit a parent of a child by contacting Washtenaw Community Mental Health (Jeff Capobianco), issuing a request in the Process Alert which is distributed to all LifeWays network providers and discussing the issue with other Evidence-Based Coordinators in order to obtain ideas about recruiting.

B. SYSTEMS CHANGE PROCESS ACTIVITIES DURING THIS QUARTER AND THE IMPACT OF THIS EVIDENCE-BASED PRACTICE PROCESS ON CREATING SYSTEMS CHANGE:

The focus, during this quarter, has largely been on issuing and selecting providers for the FPE project. Therefore, as stated in our last report the IPLT will focus on education and consensus building of the IPLT and consumer/family member stakeholder group. A rough draft of information using SAMHSA toolkit has been developed by the EBP Coordinator and will be shared with the IPLT for input.

C. CONSENSUS BUILDING AND COLLABORATIVE SERVICE EFFORTS WITH OTHER SYSTEMS AND AGENCIES THAT HAVE TAKEN PLACE THIS QUARTER: Contract with EBP Coordinator, development and issuing of RFP for Pilot Sites, selection of 2 Pilot Sites completed and contracts developed. Concerns regarding the model and implementations were discussed and addressed during the process of issuing the RFP. The SAMHSA toolkit information and EBP toolkit implementation strategies were disseminated to IPLT and interested Pilot Sites. On February 8th 2006 EBP coordinator, one consumer and two providers from the IPLT participated in the Improving Practice Workshop. On March 8th 2006 EBP Coordinator, CEO of LifeWays and Clinical Director of LifeWays participated in the Crossing the Quality of Chasm Series. The Program Leader for Family Psychoeducation (Annette Friday) and EBP coordinator (Vicky Petty) have attended the quarterly Learning Collaborative Meeting (March 17, 2006). In addition the EBP coordinator has been in contact with other EBP coordinators to collaborate on process, projects and coordination efforts.

D. PROGRESS TOWARD ACHIEVING EACH OF THE FAMILY PSYCHOEDUCATION PROJECT OUTCOMES PLANNED FOR THIS QUARTER:

Phase I (Consensus Building: Awareness): Most outcomes have been achieved. The process & plan for obtaining ongoing input from consumers, families and other stakeholders still needs to be developed, and this was delayed last quarter due to the issuing and selection process of the Pilot Sites for the FPE. Once a process is developed which will be completed in May 2006 this will complete Phase I: Consensus Building: Awareness.

Phase I (Consensus Building: Education): LifeWays and member of the IPLT and Family/Consumer Stakeholders Group selected two Pilot Sites for the FPE project. LifeWays discussed concerns regarding the FPE model and implementation with stakeholders throughout the RFP process. In addition program documentation, SAMHSA toolkit information and EBP toolkit implementation strategies were disseminated to all interested parties. During the next quarter IPLT will finalize introductory materials that will be used for consumers and families interested in the FPE project. In addition selected providers and EBP coordinator will be participate in the next MacFarlane Training in June 2006.

E. STAFF TRAINING AND TECHNICAL ASSISTANCE OBTAINED DURING THIS QUARTER, HOW UTILIZED FOR PROGRAM DEVELOPMENT AND IMPROVING SERVICES: Will be trained June 2006 at MACMHB conference.

UNDUPLICATED NUMBER OF STAFF TRAINED: 0

ROLES OF TRAINED STAFF IN THE FPE PROJECT: N/A

F. CHALLENGES/ISSUES

CHALLENGES/ISSUES ENCOUNTERED IN THE IMPLEMENTATION DURING THIS QUARTER: The provider selection process consumed the greater part of this quarter which then delayed other activities such as developing educational materials. In addition, LifeWays is experiencing great difficulty in recruiting a parent of a child. However, every effort possible is being pursued to recruit this participation. The delay between selecting our providers and the next available training (3 months) is slowing down our implementation of the FPE project. In addition the confusion of coding services for the FPE project and payment slowed down the contract process for our selected providers.

ACTION TAKEN TO ADDRESS CHALLENGES/ISSUES: In regards to the training delay the selected providers were given education materials to prepare for the upcoming training. In regards to the recruitment of the parent of a child the following steps have been made:

- Contacted Washtenaw Community Mental Health for input on how they were able to get involvement of a parent of a child.
- Contacted local NAMI members to inquire about interest
- Issued request in Process Alert which is distributed to all LifeWays network providers
- Discussed concern with other EBP coordinators to see if any other ideas could be developed

G. PIHP ACTION RELATED TO DATA COLLECTION, FIDELITY AND PROCESS MONITORING ACTIVITIES TO ACCOMPLISH PROJECT GOAL: LifeWays issued a check for the \$5000 for the FPE outcomes measurement evaluation and has established and communicated the LifeWays evaluation contact to the University of Michigan.

- H. TARGET POPULATION/PROGRAM SERVED DURING THIS QUARTER:
Unduplicated Individuals this Quarter: 0
Unduplicated individuals this fiscal year: 0
Demographic and Diagnostic Data: N/A
- I. LIFEWAYS' FINANCIAL AND IN-KIND SUPPORT UTILIZED TO SUPPORT THIS PROJECT: Nothing to report.
STATUS OF SUSTAINABILITY PLANNING: Nothing to report.
PROBLEMS WITH IMPLEMENTATION/CONTINUATION WITH ALL THE ALLOCATED RESOURCES: None noted.
SHOULD AN AMENDMENT BE INITIATED? No.
- J. ACTIVITIES PLANNED TO ADDRESS PROJECT GOALS AND OBJECTS FOR THE NEXT QUARTER:
- A written process and plan will be established for obtaining ongoing input from consumers, family members and other stakeholders.
 - Educational materials will be developed and disseminated.
 - Selected providers will participate in the June 2006 training.
 - An informational meeting regarding Family Psychoeducation will be held for providers, family members and consumers.
 - Continued efforts will be made to recruit a parent of a child for the IPLT.

**Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report**

Report Period: January 1, 2006 – March 31, 2006
PIHP: North County Community Mental Health
Program Title: Block Grants for Community Mental Health Services
Executive Director: Alexis Kaczynski
Address: One MacDonald Drive, Suite A, Petoskey, Michigan 49770
Contact Person: Dave Schneider
Phone: (231) 439-1234 Fax: (231) 347-1241 E-Mail: daveschneider@norcocrmh.org
PCA#: 20711 Contract #: 20061246 Federal ID Number: 37-1458744

A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Improving Practices Leadership Team has continued to lead efforts to educate staff and stakeholder groups, preparing for the implementation of the family psychoeducation program. This has been accomplished through a variety of activities, including:

- Continued revision and implementation of timelines for activities.
- Coordination of supervision for staff from William Elgee.
- Presentation to stakeholder groups in all three Board service areas.
- Distribution of a program description and brochure to be used in educating staff and stakeholder groups.
- Training from Dr. Ruffolo regarding evaluation processes.
- Each Board reported to the IPLT on internal staff discussions of the implementation of the FPE program.

These activities have been consistent with, although not entirely on schedule with, the implementation strategy submitted with the grant application.

B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

During the past quarter, staff have begun implementing the FPE program through conducting joining sessions. Meanwhile, the topic of evidence based practice continues to be discussed at the leadership level. This is beginning to create a pervasiveness that is impacting the use and analysis of data and information. The impact of these seemingly small changes was noted at the recent planning session attended by leadership staff from each Board. During this session, the move to more evidence based practice was widely accepted and embraced. A number of regional structures have been targeted for evaluation to better facilitate change and promote consistency.

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

This remains the same as last quarter, with the primary focus of activities being staff and stakeholder groups.

D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

Phase I, Awareness outcomes have all been achieved. In addition to establishing a Stakeholder Group, conducting presentations to local groups and developing printed materials, the regional consumer group (Partners In Care Committee (PICC)) also has been quite involved in this process. Continuous feedback is received both from the Stakeholder Group and the PICC.

Phase I, Education objectives are largely completed. SAMHSA toolkit materials have been shared with staff and stakeholders. A printed program description and program brochure have been developed and used for local presentations and with staff. Consumer and stakeholder input was included in the development of these documents. Additional efforts will be made to include more information in various newsletters.

Phase I, Structural & Clinical Improvement outcomes essentially met. Each Board has identified, trained and assisted staff to begin implementing this service. Information system requirements are in place. Board members and Directors have had training, however this will be an ongoing process. Several staff attended the McFarlane training in November and additional staff is scheduled for June.

Phase I, Adaptation & Evaluation objectives are progressing. Training regarding outcome measures was conducted by Dr. Ruffolo. Data collection is only now beginning as the first Family Skills Workshop was held in late March. As this information becomes available, it will be integrated into monthly reports. Implementation is still too new to begin fidelity measures.

Phase II, Enacting, Awareness. Continuous feedback mechanisms are in place. These are, of course, constantly under review to include new sources of feedback.

Phase II, Enacting, Structural & Clinical Improvement. Processes to collect data are in place. Services have only just begun and so data is not yet available.

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

In addition to the training described in the first quarter report, staff involved in the program are receiving regular supervision from William Elgee, the assigned supervisor from Maine. Also, staff rotate attendance at the Learning Collaboratives and share this information.

Several individuals are currently scheduled to attend the McFarlane training in June. This will increase the number of clinical staff trained to provide this service and they will implement the second group at each Board.

During the recent planning session, it was identified that additional training for those staff not involved in this particular service would be beneficial. During the next month, the Affiliation leadership will be addressing the membership of the IPLT, the training needs relating to evidence based practices and other organizational needs. A plan will be developed from these discussions.

F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

To date, those individual staff working with the program are making significant progress. This service specifically, and evidence based practices generally, are well received. Perhaps the most significant challenge to date has been the wider dissemination of training and information. There are two primary issues with which to contend:

- Just in time training. While preliminary training regarding the value of evidence based practices is important and has been provided, more specific and detailed training, several months prior to the availability of the service, does not seem prudent. For this reason, more vigorous education of staff and stakeholders has been delayed. Information has been presented in a manner intended to create acceptance but not demand. With a limited number of staff trained in the service, it is only possible to serve a small number of consumers and families in each Board area. Creating a large demand would create frustration.
- Geography. The Northern Affiliation serves a thirteen county area. This creates significant driving demands for staff and consumers. This further compounds the issue of training and implementation.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

The only action to date has been to provide clear information on how to report activities.

H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during the fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goal.)

North Country has served seven individuals and their families this quarter and year to date. Northeast has served six individuals and their families this quarter and year to date. AuSable Valley began joining sessions in April. That means a total of 13 consumers and their families have been served.

I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

This cannot be answered at this point. As noted, activities during the quarter consisted of training and education.

J. Describe the activities planned to address the project's goals and objective for the next quarter.

The next quarter will see the following activities:

- Continued meetings with the Stakeholder Group
- Continued implementation of the service, including Family Skills Workshops in NEMCMH and AVCMH, and continuation or initiation of the Multi-Family Groups.
- Training of additional staff.
- Evaluation of the IPLT and changes as appropriate. It is anticipated that the membership of the IPLT will change and a subgroup will be established to oversee the implementation of the FPE program. This subgroup will include those individuals currently involved in the implementation process.

ATTACHMENT C – FAMILY PSYCHOEDUCATION NARRATIVE REPORTING REQUIREMENTS

A program narrative report must be submitted quarterly. Reports are due 30 days following the end of each quarter. (For the first three quarters, reports are due January 31, April 30, and July 31, 2006. The **final report*** must address the entire fiscal year and is due October 31, 2006). The format shown below should be used for all narrative reports.

* **FINAL REPORT:** Include a clear description of the actual project outcomes, the specific changes that occurred, and the impact that the project has had on the intended recipients as a result of the intervention. Did the project accomplish the intended goal? Briefly describe the results.

Michigan Department of Community Health Mental Health and Substance Abuse Administration Improving Practices Infrastructure Development Block Grant Family Psychoeducation Program Narrative Quarterly Report

Report Period: 1-1-06 to 3-31-06

PIHP: NorthCare Network

Program Title: Family PsychoEducation Groups

Executive Director: Doug Morton

Address: 200 W. Spring St Marquette MI 49855

Contact Person: Lucy Olson

Phone: 906-225-7235 Fax : 906-225-5149 E-mail: lolson@up-pathways.org

PCA # _____ Contract # 20061249 Federal ID 38-3378350

A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The PILT has met once this quarter on March 30, 2006. At the meeting there was a presentation on PMTO and the Wellness Recovery Action Plan (WRAP), a peer support program being piloted at Hiawatha Behavioral Health. There have been a number of smaller group activities with an emphasis on consumer involvement and education. The PILT Chair and four (4) consumer team members attended the statewide meeting in Lansing on February 8, 2006. The consumer group has also had conference calls on 1-17-06 & 2-24-06 with Lucy Olson to increase their knowledge base so they may be more active members of the Team. We have also added a fifth consumer to the Team (**Attachment C.1**-- updated member list). The Team has is committed to conducting fidelity site reviews on ACT programs and Supported Employment programs in the region. The PILT plan is to train site review teams this summer and conduct the site visits in the fall. See **Attachment C.2**, Work plan of the NorthCare Practices Improvement Leadership Team (PILT) for further details.

B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change. The key process activity of this quarter was the completion of the fidelity site reviews of the six (6) implementation sites in the Upper Peninsula during FY05. The Fidelity Scale that is part of the CMS Toolkit for FPE implementation was used at all 6 sites. The reviews were begun in December and completed actually 4-10-06 due to the need to reschedule 2 sites several times. A summary of the results is attached to this document (**Attachment C.3 a-h**).

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

The primary focus this quarter has been "in house". The individual CMHSPs have done some outreach regarding FPE and that information is noted in the FPE work plan update attached to this document (**Attachment C.4**) One fine example of collaboration was the regional meeting of NAMI chapters in the Upper Peninsula which NorthCare helped publicize and the keynote speaker was an expert on Co-Occurring Disorders, Dr. David Mays from Madison, WI.

D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

The 2 regional supervision groups have been meeting monthly with Phil Collin from Maine. During this quarter, two (2) new groups have been added. One is at a new site in Iron River, a Northpointe CMHSP site. The second group has been added in Chippewa, a Hiawatha Behavioral Health site. Tapes of actual group sessions are being reviewed by each group. The FPE project team met on March 30, 2006 and updated the FPE work plan (**Attachment C.4**). The FPE team will focus on the results of the regional site reviews at their next meeting. Updates to the work plan will incorporate action steps needed at each agency to adjust their implementation plan based on the results of the reviews.

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

NorthCare and the implementation sites have upgraded their different technologies to facilitate the taping and copying and distribution of tapes in the supervision sessions. There are still two (2) FPE groups whose members are unwilling to be taped. Both groups were however willing to participate in the site reviews just completed. The majority of the group leaders have completed the documentation necessary to enroll group members in the Outcome Study being conducted by the University of Michigan (U of M). Lucy Olson and Danielle Peterson at NorthCare continue arranging supervision for the group leaders and coordinating with U of M for the outcomes studies. No new staff were trained this quarter. The intention is for 5 new staff to attend the June training with Dr. McFarlane. One staff has stepped forward to become a certified trainer and David Block will attend the "train the trainers" day in June and participate as a co-trainer in the rest of the training.

F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

The logistical difficulties of participating in statewide meetings for the Recovery Council, the FPE Learning Collaborative and the PILT meetings continue. Regionally we have explored the idea of merging our two consumer groups into a regional

Recovery Council but we believe the timing is premature for that change. What we have done instead is invite all the consumer members of the PILT to attend the NorthCare Member Services meetings as they can. We will draw from both groups to find people willing to help conduct the fidelity studies we are planning for the fall. In terms of expanding the FPE treatment, NorthCare has concerns based on the fidelity studies that a clear referral process does not exist at the CMHSPs to guarantee that a consumer who is eligible for this treatment is given an opportunity to be fully educated about the treatment and that the service is available if they so choose. This will be addressed in the FPE work plan.

- G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

NorthCare is using our regional Data Warehouse to collect data on the implementation of FPE groups. All the regional staff responsible for coding have been trained on the changes in coding as of April 1, 2006. We expect the reporting to be more accurate based on the changes that are being made. NorthCare continues to participate in the supervision sessions and to document attendance and notes are taken of the sessions.

- H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

See **Attachment C.5** for data on consumers served in Q2 of FY06 at the 5 CMHSPs across the region. Note that our Data Warehouse does not have information on the number of family members participating and only on the specific consumers. There is an unduplicated count of 26 consumers receiving joining sessions and the educational workshop and 58 consumers participating in the problem solving groups. The expanded count with family members will become available with the U of M data.

- I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

NorthCare has supported this project by providing the coordinator functions using existing PIHP staff. NorthCare has provided the technical support to arrange the video conferencing across the UP and to Maine for the supervision of the group leaders. We continue to be concerned that our inability to access funds to provide per diems to consumers may limit their participation in the assessment and review process of current clinical practices in the UP.

- J. Describe the activities planned to address the project's goals and objectives for the next quarter.

The 3 regional project teams will continue to work according to their specific work plans and will report to the quarterly PILT meetings about their successes and the obstacles and make any requests for assistance from the team. The training of fidelity program review teams will occupy much of the PILT time and effort over the

next 6 months. Developing a better referral process of all new EBPs and promising practices is also a critical task for all the project teams.

Submitted by Lucy Olson, MS, MST, LLP
NorthCare Utilization Management Coordinator

**Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report**

Report Period 1/1/06 -3/31/06
PIHP Oakland County Community Mental Health Authority
Program Title Family Psychoeducation Block Grant
Executive Director William J. Allen
Address 2011 Executive Hills Blvd., Auburn Hills, MI, 48326
Contact Person Erin McRobert
Phone: 248-858-2198 Fax 248-975-9543 E-mail mcroberte@occmha.org
PCA # _____ Contract # _____ Federal ID 38-34375

- A. The Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team have included:
- The Improving Practices Leadership Team has met twice during the quarter. A charter has been drafted and will be reviewed at the April meeting. (See Attachment A)
 - Work Groups chaired by members of the Improving Practices Team have been meeting to develop work plans. A progress summary is attached. (See Attachment B)
 - During this second quarter, there has been dialogue with various stakeholder groups regarding Best Practices. This is expected to continue throughout the year.
 - The Improving Practices Leadership Team has had two meetings. Best practice groups are forming and work plans are being developed within a planned organizational structure. Best Practice Work Group Priorities have been established. (See Attachment C)
 - Community Network Services joined with families, held workshops, and will begin 4 groups in April. Easter Seals added four new families to an already existing Young Adult FPE group. TTI is preparing to add three more families to an already existing Young Adult Group this May.
 - AMI members requested to participate on the Best Practices Work Groups. There is representation from family members on the Improving Practices Team and this will be extended throughout.
- B. Consensus building and collaborative service efforts have occurred during the quarter with Board members and Consumer Representatives as well as Steering Committee members, MI Advocates and Core Provider Agency Representatives. Identifying the Improving Practices Team members involved working with core providers in identifying consumer leaders and family members. It is expected this will continue throughout the

C. 2006 year. Discussions with PIHP and Provider Agency regarding Train the Trainer activities with respect to FPE will occur.

D. There has been progress toward achieving the FPE project outcomes planned for the second quarter. Outcomes from the work plan are as follows:

<i>Date</i>	<i>Activity</i>	<i>Outcome</i>	<i>Additional and Next Steps</i>	<i>Due Date</i>
10/1/06-3/31/06	Improving Practices Team Additions made.	Achieved	Revisions made and documented.	
1/1/06-3/31/06	Coordinator Support	<p>Kim Wyatt continues to coordinate provider billing reporting information, scheduling meetings, track training and Collaborative participation. This quarter,</p> <ul style="list-style-type: none"> • She has designed, obtained, and dispersed Family Guidelines magnets for FPE members to each agency. • She has gathered information from agencies re: brochure. • She is collecting, entering, and preparing to send countywide evaluation data to U of M per consultation w/ Mary Ruffalo and Evaluation Guidelines. 	<p>Continue</p> <p>Focus efforts on obtaining evaluation information from FPE providers for the purpose of sharing evaluation information w/ U of M per the evaluation plan.</p> <p>Continue work on brochure.</p> <p>Continue arranging/ Tracking Learning Collaborative and Trainings.</p> <p>Continue tracking expenses related to the FPE grant.</p>	6/30/06
10/1/06 1/1/06	Adult Best Practice Work Group meets regularly to develop/refine work plans.	<ul style="list-style-type: none"> • FPE Coordinator meetings occurred 2/16/06 with several phone and e-mail contacts throughout the quarter. Work plan updates given. Contacts also made at Learning Collaborative 3/17/06. • U of M Evaluation plan shared and Coordinators have begun to implement. 	<p>Continue</p> <p>Identify Training and supervision needs and plan for following year.</p> <p>Continue collecting baseline data.</p> <p>Continue providing ongoing support.</p> <p>Develop strategies to</p>	6/30/06

<i>Date</i>	<i>Activity</i>	<i>Outcome</i>	<i>Additional and Next Steps</i>	<i>Due Date</i>
		PIHP provides ongoing support to FPE providers re: implementation plans, ongoing training, and technical assistance re: evaluation.	increase stakeholder involvement Develop strategies to reduce barriers related to sustainability.	
10/1/05 3/31/06	Core agencies will have MFPE groups up and running by 3/31/06. (See explanation and Charts below)	Easter Seals –No new group development this quarter but did add 4 new families to already existing group. Identified barriers to group development/leader moving to a different position within the agency. Will still develop and lead FPE groups. Current group expressed concerns about changes and work is being done to reduce negative impact. Continue CNS -Joining and 2 workshops occurred. Four groups to begin in early April. The Fifth group is scheduled to begin in May. Also scheduled is a third Workshop. TTI - The Young Adult Group began in January. 3 more families will join this group in May. There has been a delay on starting other groups (residential) and (ACT). There have been some staff promotions. They intend to send people to the June Training.	Continue (Refer to Agency Charts)	6/30/06
10/1/05 3/31/06	Educate and create awareness among stakeholders	<ul style="list-style-type: none"> Adult Best Practices Leader met with AMI representatives @ the 	Continue meeting w/ staff, providers, consumers, families, Board members. Increase dialogue and	6/30/06

<i>Date</i>	<i>Activity</i>	<i>Outcome</i>	<i>Additional and Next Steps</i>	<i>Due Date</i>
		AMI Roundtable meeting held at OCCMHA. Improving Practices Leader presented to the AMI group in March and discussed OCCMHA structure for Best Practice implementation etc.	understanding about evidenced based practices and FPE. In the third quarter, 2 presentations planned involving stakeholders participating in Improving Practices Leadership as well as a presentation with FPE family members.	

Community Network Services (CNS) spent February and March joining with families and conducting 2 Workshops. Members from three groups attended the 3/11/06 workshop. Because it is unusual to have one workshop and invite three groups, FPE Coordinator at CNS discussed this with Donna Downing FPE supervisor who supported them in conducting the workshop. All four groups begin in April. Two workshops occurred this quarter and were well attended. A third workshop is scheduled for 4/18/06 to meet the needs of people unable to attend the 3/11/06 workshop for the ACT and Casemanagement Groups.

CNS Groups	Population	Consumers	Consumers/ Family/Friends	Date Workshop	Group Date
Walled Lake Casemanagement	Adults w/Bipolar	0-1 st quarter 5-2 nd quarter	0-1 st quarter 5-2 nd quarter	3/11/06	4/11/6
Pontiac Casemanagement	Adults w/Schizophrenia	0-1 st quarter 4-2 nd quarter	0-1 st quarter 5-2 nd quarter	3/11/06	4/11/06
Young Adult Group	Young Adult 18-25	0-1 st quarter 5-2 nd quarter	0-1 st quarter 8-2 nd quarter	3/25/06	4/5/06
Residential	Adults	0-1 st quarter 0-2 nd quarter	0-1 st quarter 02 nd quarter	5/06	5/06
ACT	Adults	0-1 st quarter 5-2 nd quarter	0-1 st quarter 8-2 nd quarter	3/11/06	4/11/06

Easter Seals (ES) One Young Adults Group has been running. *****Four new families were added to the already existing group. Supervisor, Donna Downing was consulted. 1 Family dropped out due to choir practice being on the same night. The family may return in the summer.

Easter Seals Groups	Population	Consumers	Consumers/ Family/ Friends	Date Workshop	Group Date
AMHS	Young Adults Ages 18-25*****	9-1 st quarter 4-2 nd quarter	15 family members 6 family members	2/4/06	2/16/06
Collaborative Solutions	Adults	0-1 st quarter 0-2 nd quarter	0-1 st quarter 0-2 nd quarter	6/3/06	6/6/06
Collaborative Solutions	Adults	0-1 st quarter 0-2 nd quarter	0-1 st quarter 0-2 nd quarter	6/3/06	6/6/06

Training Treatment and Innovations (TTI) ****The Young Adult Group intends to add 3 new families to the already existing group in May. They report barriers around having FPE trained people get promoted in positions where they no longer have caseloads. This is a barrier. TTI intends to send people to training in June.

TTI Groups	Population	Consumers	Family +Consumers	Date Group Began	Workshop Date
Oxford- MPE	Young Adults*****	5-1st quarter 0-2nd quarter	16-1st quarter 0-2nd quarter	1/10/06 5/06	12/05 5/06
Oxford-SFE	Young Adult	1-1st quarter 0-2nd quarter	3-1st quarter 0-2nd quarter	12/05	-----
Madison Hts.	Oakland ACT	0-1st quarter 0-2nd quarter	0-1st quarter 0-2nd quarter	7/06	7/06
Oxford	Residential	0-1st quarter 0-2nd quarter	0-1st quarter 0-2nd quarter	7/06	7/06
	Residential	0-1st quarter 0-2nd quarter	0-1st quarter 0-2nd quarter	7/06	7/06
Casemanage.		0-1st quarter 0-2nd quarter	0-1st quarter 0-2nd quarter	Not Known	Not Known

E. Staff Training and technical assistance obtained during this quarter includes,

Training	Agency/Names	Role in FPE	Improving Practices Leadership Member
Learning Collaborative 3/17/06	<u>Easter Seals</u> Shari Goldman Chuck Saperstein Michael Murphy Priscilla Taylor <u>CNS</u> Amy Yashinsky Dena Jones Jennifer Monette <u>TTI</u> Tanya Waple Pam Gaveratte <u>OCCMHA</u> Erin McRobert	ES Best Practices Manager Coordinator/Facilitator Facilitator Facilitator Coordinator/Facilitator Facilitator Facilitator Coordinator/Facilitator Facilitator Assist in Coordination of FPE and Adult Best Practices	Shari Goldman Erin McRobert

F. There were some challenges and issues encountered during implementation and action was taken to address these as described below.

CNS

- Concerned about combining 3 groups into one workshop. Discussed with supervisor and decision made to combine. Breakout sessions did occur in the afternoon based on group. A second workshop is scheduled to occur in April for people who couldn't attend the first scheduled workshop.
- The Young Adult Group will be facilitated by the Director of the Young Adult Program as there is only 1 casemanager for the whole program. The Director has had a relationship with each of the people participating and she is working with the casemanager closely.

The reason given, CNS casemanager has too many people on her caseload to do an FPE group and provide casemanagement to the other people on her caseload at this time. The decision was made to provide FPE to this population, with the Director as facilitator. This decision was made in consultation with the assigned FPE supervisor even though fidelity concerns noted. Noted also, Dr. McFarlane's comments "work to change the organization not the model." Will discuss at next subcommittee meeting.

Easter Seals

- The Young Adult Group Leader/Therapist is switching jobs within the organization. Family members expressed concern, requested to be involved in picking the new leader. All members have agreed to stay and a transition period planned.
- Communication within the organization re: interoffice changes were not adequately communicated to original group facilitators who might have been able to intervene earlier to reduce unnecessary worry from family members.
- A strength related to the move is the Therapist is moving to an area where she plans to start two new groups with the Adult population.

TTI

- Two FPE trained staff have been promoted to managerial positions in the organization therefore they no longer carry caseloads. This affected joining efforts previously made. As a result, the organization has delayed beginning any new groups until more staff complete training in June. Efforts to keep identified persons interested continue.

G. PIHP action taken related to data collection, fidelity and process monitoring activities to accomplish the goal include,

- PIHP has been trying to help agencies get evaluation process clarified and encourage movement beginning at the end of March 2006.
- Received billing from MACMHB for 2 year period.
- PIHP has exchanged phone conversations and e-mails with Mary Ruffalo to review evaluation procedures and then to clarify reporting and other procedural issues. The results were shared with each agency.
- Easter Seals turned in consents, record extraction forms, and joining forms for new persons joining the already existing group.
- After clarification it became clear consents also needed to be signed by each participating family member. This occurred.
- OCCMHA is entering the data and sending it onto Mary per our agreement.
- CNS has turned in forms however there have been some changes made to the forms since they turned them in and several forms did not have names on them. This procedure has been re-clarified and efforts are being made to obtain all the information.
- Questions came up re: supervision form as it first appeared the supervisor completed this but later clarified that group completes at end of supervision.
- Information will be passed on to U of M during this quarter.

- H. The target populations/programs served during this quarter include:
Young Adults 18-25 year olds and their families, Casemanagement consumers and their families, and ACT consumers and their families. Persons participating are receiving services at Easter Seals (ES), Training Treatment and Innovations (TTI), and Community Network Services (CNS).

Total # of unduplicated Consumers served in MFPE as of 3/31/06 = 37

1st Quarter =14

2nd Quarter=23

Total # of unduplicated Family Members served in MFPE as of 3/31/06 = 63

1st Quarter = 31

2nd Quarter= 32

SFPE= 1 Consumer/

SFPE=2 Family members/

- I. The Authority has contributed financial and in-kind support for consultant to assist in FPE implementation, being involved in the hiring and working with the part time FPE coordinator / support person, and participating in the Learning Collaborative as well as the DCH FPE Sub-Committee. There have been some group development delays but at this point all agencies report they plan to have 5 groups each up and running by the end of the first year of this project. No initiation of project changes at this time.

- J. Activities planned to address the project's goals and objectives for the next quarter include:

Continue to develop and implement 5 FPE groups by 9/30/06 in all 3 agencies.

- Train 15 more staff in 6/06
- Two FPE Facilitators from Easter Seals will participate in Train the Trainer allowing for more training at the local level 6/06

Increase stakeholder awareness (Continue)

- Make available link on Authority website that holds information re: Evidenced Based Practices, Minutes from meetings, etc;
- Complete network wide brochure regarding Family Psychoeducation

Educate stakeholders (Continue)

- Board members, staff, providers, and consumers about best practices and Family Psychoeducation through scheduled presentations including Workshops and trainings.
- Have members of Easter Seals FPE Groups participate in Board Association Conference to educate staff and other stakeholders about FPE.
- Schedule Improving Practices Team Peer Advocates present at May Recovery Conference in Oakland County re: Person Centered Planning and Evidenced Based Practices.
- Engage family members in Best Practice Work Groups

- Continue participation in DCH FPE sub-committee meetings and the Learning Collaborative.

Address structural and clinical improvement areas

- Utilize the Authority's Best Practice organizational structure particularly the Adult Best Practices Group to address FPE needs.
- Schedule regular meetings of provider/consumer representatives
- Work from comprehensive work plan developed with enhanced stakeholder input to meet goals and objectives.

Evaluation and CQI Activities

- Collect evaluation information per U of M Evaluation plan.
- FPE providers continue to utilize regularly scheduled supervision.
- OCCMHA coordinates and sends data to U of M.
- Data will get presented to Best Practice Work Group and shared with Improving Practices Leadership Team as information becomes available.

**Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report**

Report Period: January 1, 2006 through March 31, 2006

PIHP: Venture Behavioral Health

Program Title: Family Psychoeducation

Executive Director: Brad Casemore

Address: 3630 Capital Avenue, SW, Battle Creek, MI 49015

Contact Person: Lori Diaz, Ph.D., LP

Phone: 269-979-9132 Fax: 269-979-9728 E-mail:

PCA #: _____ Contract #: _____ Federal ID:

- A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Improving Practices Leadership Team (IPLT) continues to meet every other month. The focus of the IPLT continues to be on implementing Family Psychoeducation. Each affiliate is in a somewhat different place with implementation of FPE and are also in different stages of systems transformation. As a result of both those sites that are experiencing a smooth transformation as well as those that are encountering challenges, we are learning from one another and celebrating the success of those sites that have been able to implement FPE relatively easily. We continue to learn through the successes and challenges everyone faces through the Improving Practices Leadership Team and thus continue to make strides toward systems transformation.

We hosted an open community forum and conducted a presentation of FPE and provided educational materials to the public. We continue to work with the boards, CEOs and stakeholders to provide information and education about the FPE model and the systems transformation efforts as a whole. We have received a great deal of positive feedback and support from consumer groups and boards. The CEO's are very supportive of the transformation efforts as well.

- B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

The Improving Practices Leadership Team has been a good forum for promoting the systems change activities. During the February IPLT, staff implementing FPE had an opportunity to

participate in the meeting and discuss what they were doing, how things were going and the barriers they were experiencing. We were able to identify some common barriers and begin to look toward solutions, often being able to use something another site was doing that was working. The collaboration and problem solving amongst the affiliates in this manner was an example of a systems change process that was a direct result of implementing FPE.

The FPE Program Leader continues to work with each site in identifying specific barriers to implementation and assisting each affiliate in the systems change process. The FPE Program Leader meets with those sites that are experiencing systems related challenges on a regular basis, assisting them in problem solving and developing action steps to promote systems change and implementation of FPE.

With the implementation of FPE, staff is becoming excited with the feedback they are receiving from families who are experiencing this program. The incorporation of the family more systematically into treatment has been powerful for the consumers, families and staff. This will have a tremendous impact as the sites who are implementing FPE experience this success and spread the word to their coworkers/colleagues.

- C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

A Community Forum was held on January 11, 2006 to provide education to the community and stakeholders regarding Family Psychoeducation. The forum was open to the public and was advertised via mail campaign to key stakeholders, press releases in local newspapers as well as posted signs at each affiliate.

Within each affiliate, the supervisors and staff who have been trained continue to build consensus within their agencies through a number of means including presenting information to staff, administration and the Board. We have also been collaborating with other services within the organization and within the community who provide services to the targeted population such as jail diversion programs, police agencies, drop-in facilities, substance abuse providers, clubhouses, etc.

The feedback from all of our efforts has been very positive. There is a great deal of support for Family Psychoeducation by other systems and agencies.

- D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

Phase 1- Consensus Building

Collaboration with Key Stakeholders:

1. Team will place announcements re: FPE in VBH member newsletter and VBH provider newsletter- Completed 1/2006
2. IPLT will host an annual meeting with stakeholders: Completed 1/11/2006

Process for Obtaining Continuing Feedback

1. IPLT will meet with clinical staff twice per year- met in 2/2006
2. Improving Practices Leader will provide annual update to affiliate CEOs and Venture Board- completed 1/17/2006
3. IPLT will meet at least every other month- meetings are scheduled and being held every other month.

Education:

1. Disseminate educational materials via Venture newsletters: Completed again 2/2006 (Attachment A)
2. Disseminate educational materials via Venture Member Advisory Council: TBC 4/2006
3. Brochures to be located at provider sites: Completed 1/2006

Structural and Clinical Improvement:

No action items for this quarter.

Adaptation and Evaluation

1. Contract with Uof M for evaluation- completed- we have been working with Mary Ruffolo for the evaluation piece.

Phase II: Enacting**Awareness**

1. Meetings with FPE clinical staff twice per year: first meeting held 2/2006
2. Annual update to stakeholders- held 1/2006
3. Bi-monthly IPLT meetings- these are regularly held every other month
4. Annual update to VBH board and affiliate CEOs- 1/17/2006
5. Annual survey via member and provider newsletter- scheduled for q4
6. Annual meeting with VBH member advisory council- scheduled for q3
7. Work with VBH PIC to implement process to collect and analyze data- this has not been completed as only one affiliate has begun FPE groups, thus there has not been any data to this point. The FPE program leader has implemented a process to collect data and send to U of M for the evaluation.
8. IP team and IPC will identify and define a core set of competencies as well as develop trainings to support clinical needs and areas of improvement- We have identified the need for staff to improve their ability to diagnose substance abuse in our population and treat co-occurring disorders and are implementing regional training in substance abuse. We also plan to send additional staff in June to the FPE training.
9. Based on core competencies and training needs, will develop an annual training plan- this is being accomplished through the HRM committee at Venture. The following trainings have been/are being conducted: DBT, CBT, FPE, Integrated Treatment for Co-Occurring Disorders.

Continual Improvement and Support

1. IPLT and PIC will use performance data to identify areas of improvement- data has not yet been collected as groups are just now starting.

2. Based on feedback from clinical staff, training enhancements will be identified and defined- needs will be presented to MACMHB- Venture has brought this information to MACMHB via monthly subcommittee meetings.

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and their roles in the FPE project.

Impact training (Practice Improvement Leadership Team training)- February 8, 2006

- 5 attended the Impact training- FPE program leader, IP Leader, 3 other IPL team members (including one consumer)

Learning Collaborative- March 17, 2006

- 11 attended the learning collaborative, 2 supervisors, 7 FPE facilitators, IPL team leader, FPE program leader. There was representation from each affiliate and from Venture

The learning collaborative provided valuable information regarding several issues related to implementation and about the model as a whole. The video conferencing with Dr. McFarlane was helpful in providing more guidance and clarification regarding aspects of the model to assist our sites in implementation.

F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

We have been able to meet most of our work plan goals for this quarter with the following exceptions:

1. The items related to analyzing or using data. We stated in the RFP that we would be doing this; however, we are going to utilize UofM to collect and analyze the data. We will use the information provided by UofM in our IPLT meeting and QI committees as feedback for program monitoring and improvement.
2. Those items that are scheduled to occur annually- we have either already completed those items or they are scheduled to be completed by the end of the fourth quarter.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish project goal.

The PIHP is participating in the statewide evaluation- contracted with the University of Michigan. We have received information from Mary Ruffolo regarding the evaluation and met with her in January to discuss the PIHP's/affiliates' roles in providing the data for the evaluation. We are clear about the data needed to be collected. The FPE program leader is taking responsibility for coordinating the data collection efforts at each affiliate and ensuring that the data is sent to U of M.

H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals

during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

Data for Q2 and cumulative (we did not serve any consumers during Q1)

We have met with a total of 13 consumers and 22 family members/support persons.

Age:

18-25: 4

26-35: 5

36-45: 1

46-55: 3

Diagnosis:

Schizophrenia: 4

Schizoaffective: 5

Psychotic D/O NOS: 3

Bipolar w/ psychotic features: 1

Race:

Caucasian: 11 African American: 2

- I. Describe the PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

Currently, the PIHP is utilizing grant dollars to implement FPE. Each affiliate is developing their FPE programs to be sustainable after the grant is completed by incorporating the program into their current spectrum of services. The PIHP will continue to monitor FPE at all affiliates through the current Health Resource Management Committee as well as the Improving Practices Leadership Team and Quality Assurance activities that are ongoing.

We currently are over budget for training and under budget in other areas, thus would like to transfer some dollars into the training line item from other line items. The following changes to the budget are being requested:

Line Item	Original Amount	New Amount	Difference
Training	12,275	22,275	10,000
Fringe Benefits	8,950	4,500	(4450)
Meetings	2,500	0	(2500)
Stakeholders Mtng	1,600	450.4	(1149.60)
Video Cameras	7,500	5,599.6	(1900.4)
Total	32,825	32,825	0

J. Describe the activities planned to address the project's goals and objectives for the next quarter.

1. Annual meeting with VBH member advisory council- 4/17/2006
2. Disseminate educational materials via Venture Member Advisory Council: 4/17/2006
3. Work with VBH PIC to implement process to collect and analyze data- collecting and analyzing data is going to be conducted through the evaluation at The University of Michigan.
4. IPLT will meet with clinical staff twice per year- the second meeting will be planned for Q3 or Q4.



Program Narrative Quarterly Report

Reporting Period: January-March 2006

PIHP: Washtenaw Community Health Organization

Program Title: Multiple Family Group Psychoeducation Implementation Initiative

Executive Director: Kathy Reynolds

Address:

WCHO Towner II
555 Towner Rd
Ypsilanti, MI 48197

Contact Person: Sallie Anderson

Phone: 734.544.3000 **Fax:** 734.544.6732

Email:

andersons@ewashtenaw.org

PCA #:

Contract: 20061253

Federal ID: 38-3562266

A. Briefly summarize the systems transformation efforts and implementation activities of the IPLT.

The IPLT continues to meet monthly to monitor progress and provide support to the local affiliates. A status report by county includes:

Monroe County

- Case Managers have chosen and started joining with families
- A family skills workshop is scheduled for April.
- Three staff were sent to the March Learning Collaborative

Lenawee County

- Continuing consensus building and barrier assessment with administration, line staff and the local NAMI
- Two staff were sent to the March Learning Collaborative
- At least two staff will attend the spring training by Dr. Mc Farlane

Livingston County

- Two staff were sent to the March Learning Collaborative
- Continue consensus building and barrier assessment

- At least two staff will attend the spring training by Dr. Mc Farlane Washtenaw County
- One staff person was sent to the March Learning Collaborative
- The capacity for fidelity monitoring in the affiliation EMR is ongoing.
- This quarter another FPE group started making a total of ten groups.

B. Briefly describe the systems change process activities during this quarter and the impact of this EBP process on creating systems change.

This quarter the IPLT approved a proposal that centralized affiliation EBP reporting. Formerly, each EBP work group leader reported quarterly to the IPLT. This was found to be inefficient b/c much time was spent each month discussing the work group charge, work plan and barriers. The decision was made to have all the work groups report at least monthly to the PIHP/WCHO EBP projects manager using a simple one page report. He in turn will report to the IPLT, of which he is a member, monthly. The EBP work group leaders will focus on assessing barriers and monitoring outcomes detailed in the implementation work plans. The implementations work plans were also found to need more detail. So each work group will be revisiting their project work plan to make it more detailed (ie. clear accountability for outcomes, flowcharting of processes, etc.).

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

In each county the family psychoeducation coordinator has met w/ consumers, staff and board members to discuss the model and develop consensus on the goal of implementation. Consensus with line staff has needed revisiting to ensure there is clear understanding by all staff of their role and the requirements of the model. This will be helped by more detailed work plans (see section B).

D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

The objects are:

1. Identify a Family Psychoeducation Coordinator in each county.
Completed
2. Build Consensus in each community/county through educating stakeholders
Completed
3. Identify barriers and plans to overcome barriers
On-going
4. Train staff in the theory and practice of the model
On-going
5. Implement a fidelity and outcome monitoring system in the region
Not Completed
6. Implement at least one group in each county during 2006
Not Completed

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program

development and improving practices. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

Training & Roles

Several staff plan to attend the June training. Two will be FPE coordinators (Livingston and Lenawee) who are responsible for project implementation (per the fidelity requirements) and upwards of eight will be case managers who will be facilitating groups. The training will provide the knowledge required to move forward with joining.

Technical Assistance

Six Affiliate staff attended the March Learning Collaborative. The supervisor for the affiliation continues to meet at least monthly with each affiliate. DCH has been helpful in providing direction for billing codes. The DCH EBP list serve has also been increasingly used by staff to gather information and post questions.

Program Development & Practice Improvement

The importance of linking and coordinating the roll out of each EBP continues to be highlighted in discussions with staff and in the IPLT meetings. Motivational interviewing skills are a prime example of the need for staff to have skills transferable to all EBP's. Staff need to understand how the practices fit and build on one another.

F. Briefly identify any changes or issues encountered in implementation during this quarter and the action taken to address them.

As mentioned in the last quarter report, opportunities need to be clearly identified, stated and a deliberate planning process that includes accountability structures, time lines, and specific tasks be put into place. This quarter this aspect of the implementation was improved (see section B).

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

Dr Ruffolo has met with staff responsible for data collection and discussed how data is to be collected. Each evaluation contact person is meeting with local clinicians preparing to start groups to explain their part in the evaluation efforts. Data collection will begin next quarter.

H. Describe the largest population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

There are currently ten groups underway in Washtenaw County. Total consumers served this quarter are sixty eight. The largest population is people with thought disorders. We are working on developing a report with demographic and dx relevant information.

I. Describe the PHIP financial and in-kind support utilized to support this project and status of sustainable planning. Is the project having problems

with implementation/continuation with all the allocated resources? Should an amendment be initiated?

The project is not in need of amendment and current funding is adequate. Fund expenditures include the purchase of video equipment for each affiliate to be used for ongoing training and monthly supervision.

Local affiliates have provided in-kind money for family psychoeducation coordinator positions.

J. Describe the activities planned to address the project's goals and objectives for the next quarter.

Washtenaw staff have been meeting with staff from Monroe and allowing them to observe FPE groups. The Monroe staff report this has been very helpful. Monroe will start a group next quarter. Lenawee and Livingston will attend training and begin choosing families to approach for joining. Each county will be sending staff to the Learning Collaborative in May.

